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WIPHL: Implementing Depression Collaborative Care in the Primary Care Setting

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Outline

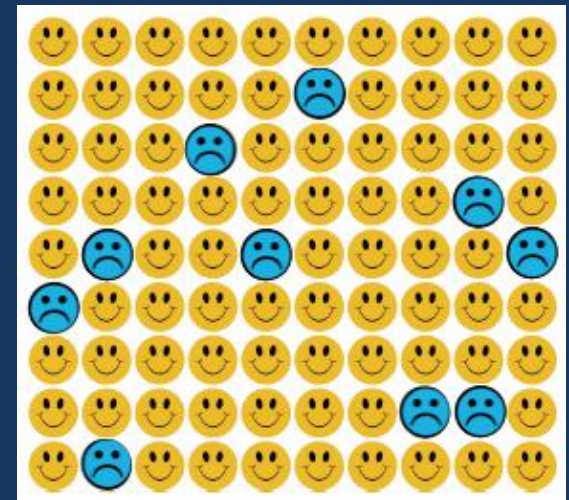
- Program goals
- Services delivered
- Preparation for service delivery
- Program barriers
- Sustainability

Program Goal

- Improve the delivery of mental health care in the primary care setting
- Implement collaborative care services
- Focus on identifying and treating depressive disorders

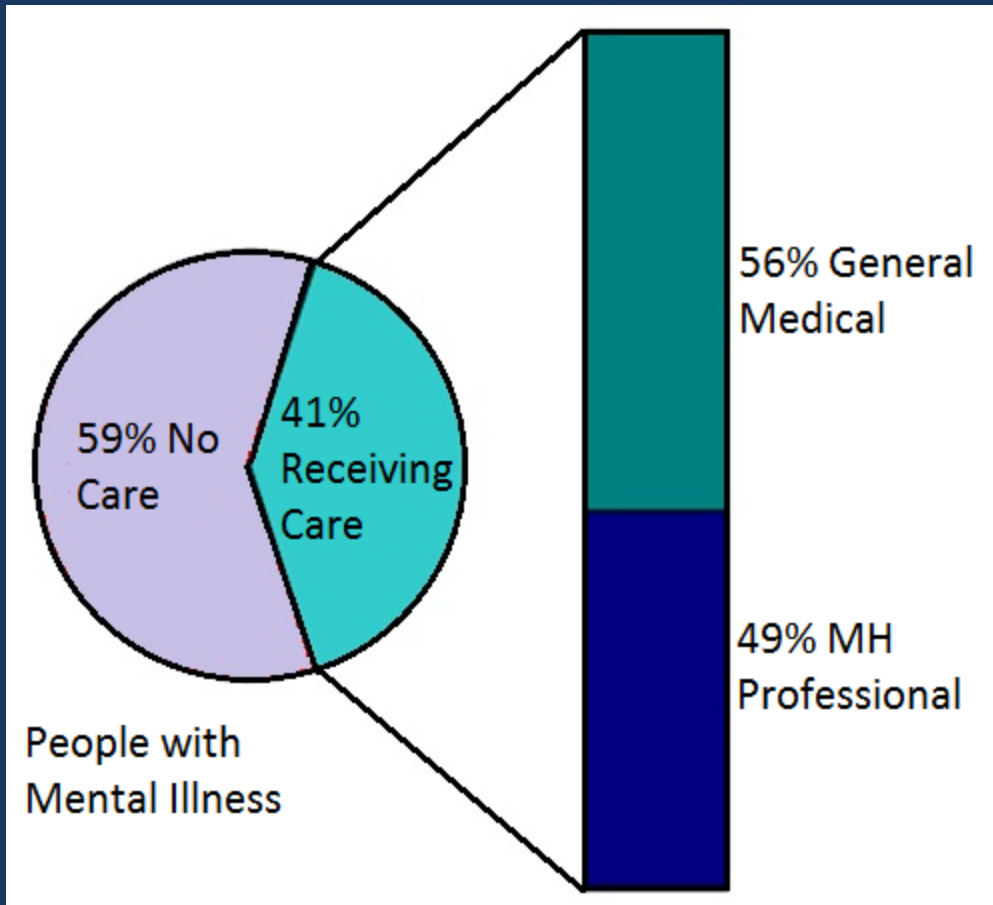
Mental Illness is Common

- 1 in 4 individuals suffer from a diagnosable psychiatric disorder in any given year
 - ~57.7 million people / year
- Depression is common in primary care
 - 10% of primary care patients are depressed



Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27
http://www.nimh.nih.gov/statistics/1MDD_ADULT.shtml
Levenson, Primary Psychiatry, 2005.

Unaddressed Mental Illness

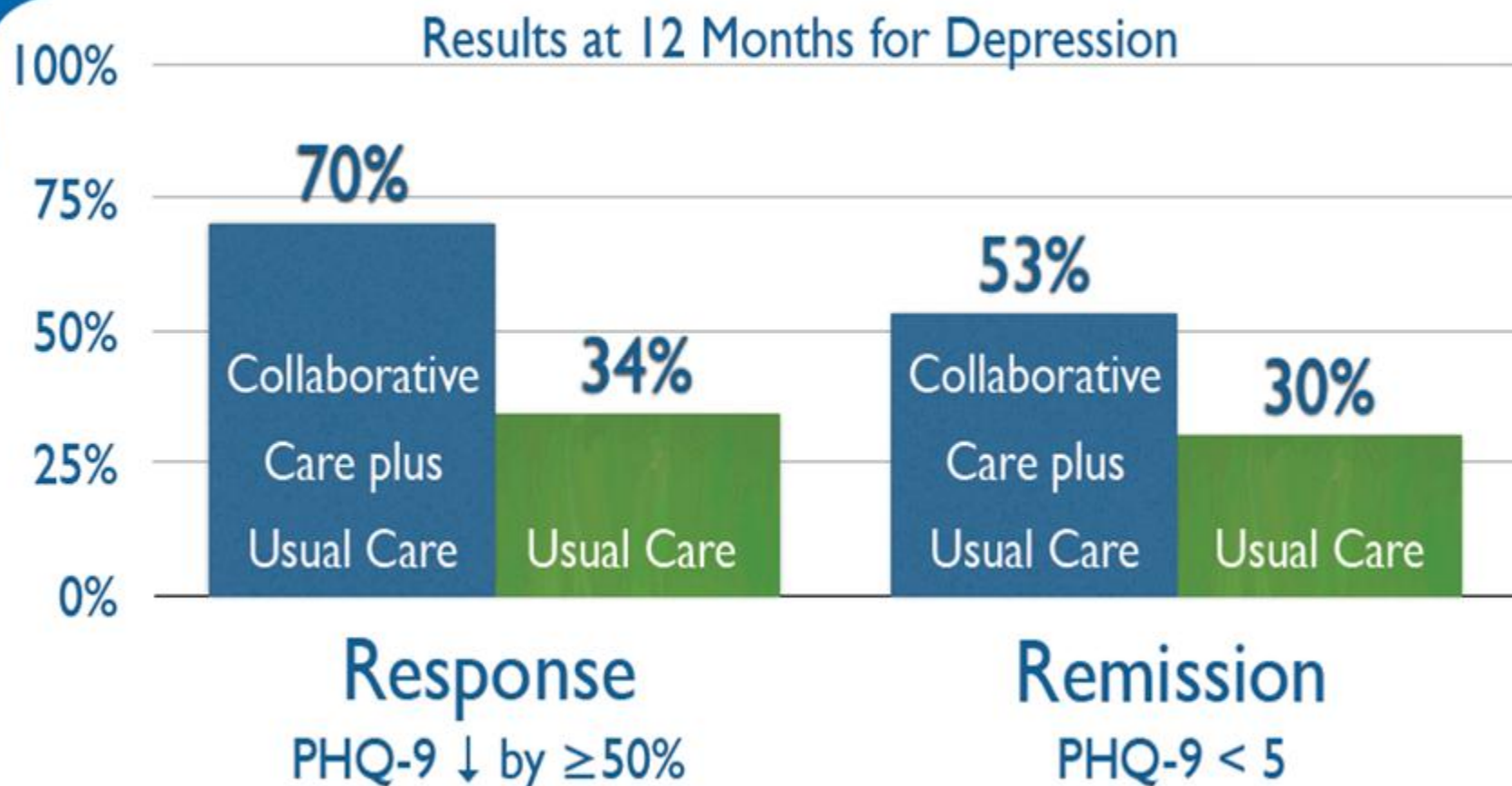


- Adults w depression receiving healthcare:
 - 30-50% of cases missed in primary care
 - 51.7% are receiving treatment
 - 19.6% are receiving minimally adequate treatment

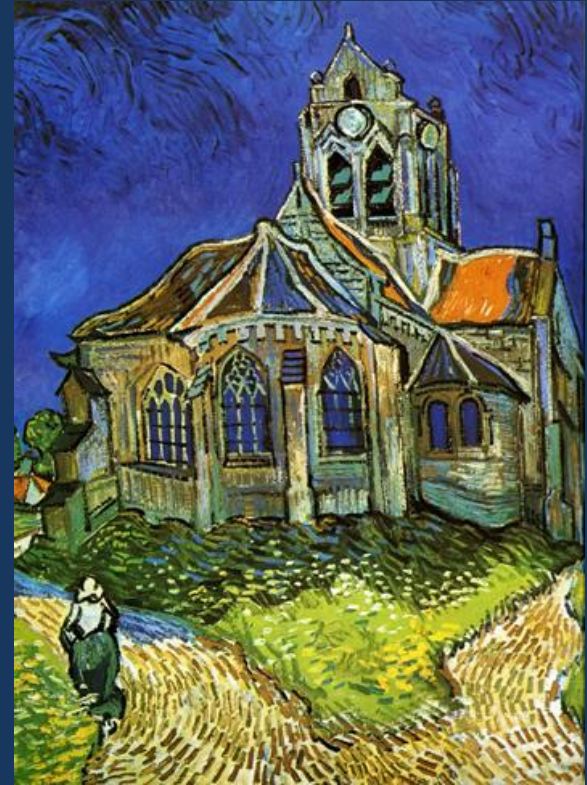
Barriers to Treatment

- Stigma
- Lack of information
- Insufficient time:
 - For adequate assessment - missed diagnosis
 - For adequate treatment - suboptimal care
- Poor access
 - Not enough specialists
 - Long wait times for appointments
- Poor follow-up
- Insurance barriers

Effectiveness of Collaborative Care



Services Delivered: Collaborative Care



Usual Care

Primary Care Clinic

A large light blue rounded rectangle representing a Primary Care Clinic. Inside, a smaller white rectangle with a blue border contains the text "PCP".

PCP

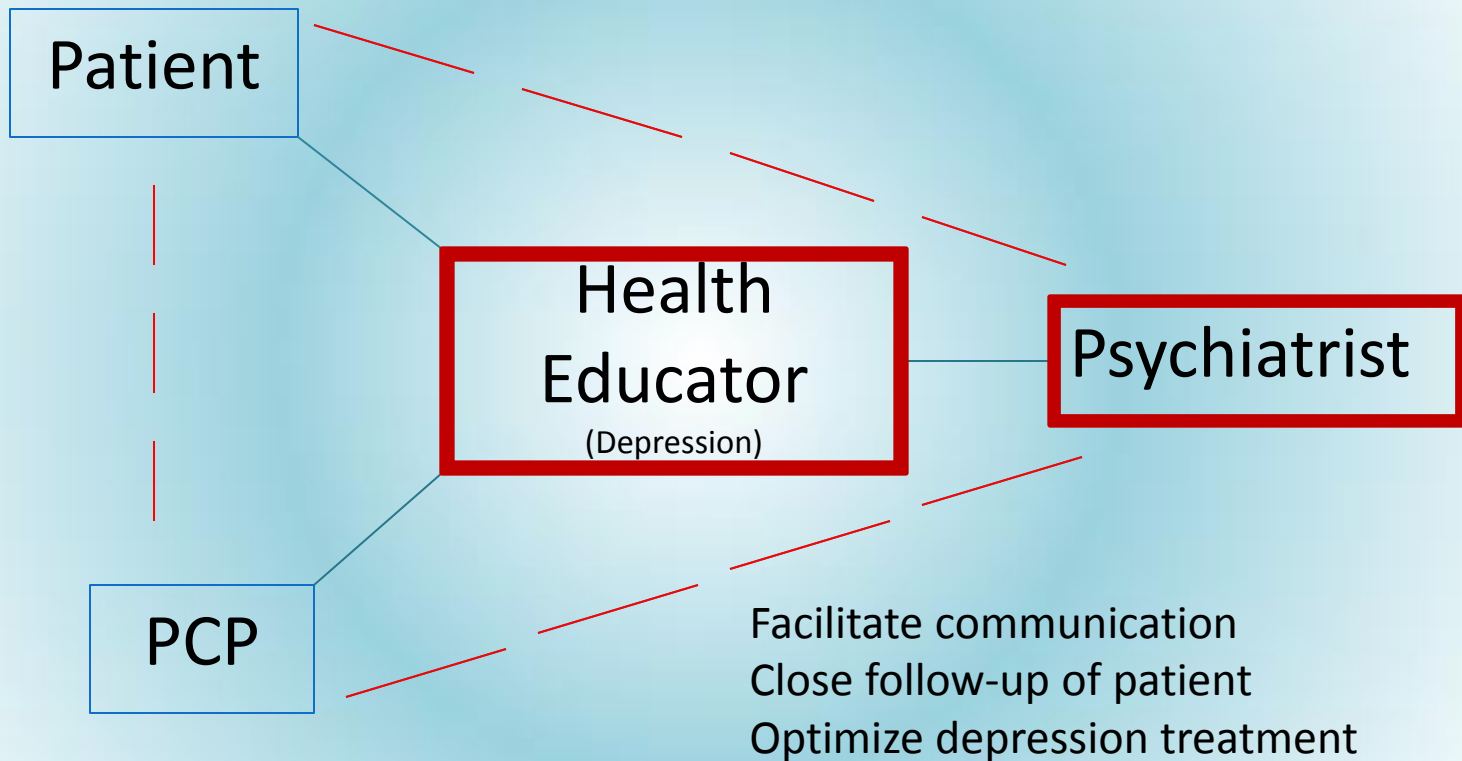
Psychiatric Clinic

A dark grey rounded rectangle representing a Psychiatric Clinic. Inside, a smaller light brown rounded rectangle contains a white rectangle with a blue border containing the text "Psychiatrist".

Psychiatrist

Collaborative Care

Primary Care Clinic



Collaborative Care Intervention

- Identify (PHQ-2/9) and track depressed patients (PHQ-9)
- Health educator - Initial
 - PHQ-9, brief history
 - Depression education, discuss recommended tx options
 - Recommendations relayed to PCP
- Health educator - Follow-up
 - Phone calls, face-to-face visits. Every 2-4 weeks.
 - Assess treatment adherence, side effects, problems, progress
 - Depression education, brief therapy (behavioral activation/problem solving), motivational interviewing
 - PHQ-9
- Registry - systematic tracking
- Supervising psychiatrist
- Stepped care
 - Evidence-based protocols
 - Brief therapy, psychopharmacology, psycho-education, behavioral activation, referral to higher level of care
- Communication with PCP

Preparation for Service Delivery

- Education
 - Clinic managers, administration
 - Health educators
 - Primary care providers, RN and support staff
- Coordinating logistics
 - Methods of communication
 - Access to records and charts
- Resources
 - Intake form
 - Educational videos
 - Depression education resources

Services Delivered To:

- UW-Whitewater
 - Student health organization
 - 2 FM physicians (1.8 fte) and 1 psychiatrist (4-16hrs/wk)
 - Annual patients seen = 3986
 - 97% of patients are 18-34y/o, 85% white
- Richland Medical Center
 - Population of Richland Center in 2010 = 5184
 - 15.5 fte family medicine physicians
 - # annual primary care visits = 52,941
 - 54.4% commercial insurance, 30% Medicare, 15% Medicaid, 8% Medicare/Medicaid, 3% uninsured

Barriers to Implementation

- Clinic interest
 - Discomfort with sharing patient information outside of their system
 - Providers not convinced of the need or value
 - Lack of administrative support to set up the process
 - Hesitation to participate in time-limited system change
- Logistics
 - Hiring health educators
 - Methods of communication
 - Access to records and charts

Barriers to Implementation

- Clinic and staff comfort level with this type of consulting services
- Addressing suicidality
- Limitations and liability of health educators

Sustainability

- Reimbursement system
 - Grant funded
- Changes in education
 - Primary care and internal medicine
 - Psychiatry
- Administrative support and commitment

Thank You.

Requested Slide on IMPACT Cost Savings

Cost category	Intervention costs (\$)	Usual care group cost (\$)	Difference in \$
IMPACT prog cost	552	0	522
Out-pt mental health cost	558	767	-210
Pharmacy costs	6942	7636	-694
Other out-pt costs	14,160	14,456	-296
Inpt medical costs	7179	9757	-2578
Inpt mental health /substance abuse costs	61	169	-108
Total healthcare costs	29,442	32,785	-\$3363

